

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10-621-868**
APPLICANT(S)

FILING DATE **07-17-03**

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
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18						
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20						
21	1					
22		1				
23		1				
24		1				
25		1				
26		1				
27		1				
28		1				
29		1				
30		1				
31		1				
32		1				
33		1				
34		1				
35		1				
36		1				
37		3				
38		3				
39		3				
40		3				
41		1				
42		1				
43		1				
44		1				
45	1					
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	1					
TOTAL DEP.		10				
TOTAL CLAIMS	1	10				

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51		1				
52		1				
53		1				
54	1					
55		1				
56		1				
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96						
97						
98						
99						
100						
TOTAL IND.	3					
TOTAL DEP.		43				
TOTAL CLAIMS	3	43				